

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Sept. 18, 2018 Case Number: 19-27

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Dr Kassings
Premise Name: Prescott Area Emergency Hospital
Premise Address: 2245 East Sate Route 69
City: Prescott State: AZ Zip Code: 86301
Telephone: (928) 778-1990

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Karen Goetting and Jessica Jade Butler
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Rottus

Breed/Species: Shepard mix

Age: 9 Sex: M Color: Black + Tan

PATIENT INFORMATION (2):

Name: _____

Breed/Species: _____

Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.


Complaint
* Prescott Valley Animal Hospital
224 SE. State Route 69, Prescott AZ 86301

Chino Valley Animal Hospital
3600 ~~1000~~ N. Highway 89
Chino Valley, AZ 86323

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Karen Goetting 

Jessica Jade Butler 

Vet Tech- at Chino Valley

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Karen Goetting

Date: 9/7/18

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

Ruffus was injured on September 2nd while my daughter Jessica was at work. Upon returning home he had been bitten by one of the other dogs at the house. She called Prescott Area Pet Emergency hospital and explained what the situation was with Ruffus and was told by the tech that answered the phone it would be fine to bring him in the following morning.

She arrived between 8:30 am and 9 am on September the 3rd. She waited for over 5 hours just to have Ruffus seen. She left him to have stitches later that day. She was told at the 9 hour point that Ruffus still had not been stitched and he would be kept over night. I got a call at 10:30 pm that evening Missouri time by Dr. Sarah Kassing that he was stitched and ready to go home. He was sent home with a medium size collar and his nose stuck out and was only sent with eye drops and antibiotics. I called my daughter and she went to get Ruffus.

My daughter returned to work and while she was gone Ruffus managed to tear out all of his stitches. She called Prescott Area Pet Emergency Hospital and was told that she would be charged again to be restitched.

She went to Chino Valley Pet hospital at that point and was told that Ruffus should have been sent home with a larger collar for his size and anxiety medication.

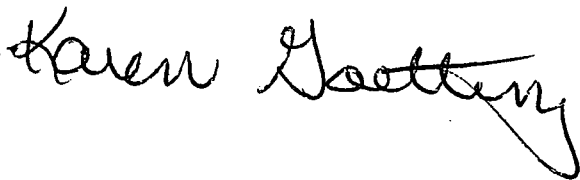
I called the office to speak to someone after I learned of all of that and the Office manager called me back and told me that we were being recorded. I told her that I did not care that I was being recorded. I told her of the situation and all that had transpired about the collar being too small and that no anxiety medication was given and he was sent home after we were told he would spend the night. I was upset because of the entire situation and she ask me where I got my vet license from. She told me we brought in a dog with an old injury and they had it documented. I did tell her that I was going to file this complaint and she told me to go ahead. I honestly don't remember the entire conversation, because I was frustrated with all that was going on. Ruffus did fine after seeing the second vet with a large collar and anxiety medication and is all healed up now. I am frustrated that Ruffus had to have a second sedation and stitches and I had to have to pay a vet bill for bad service as well as another one in which we received great service.

F. Allegations and or/ Concerns:

When my daughter returned home from work on Sunday September 2nd at 8:30 pm Ruffus had a eye laceration from one of the other dogs. My daughter called Prescott Valley Animal Hospital that night and they told her it would be fine to wait until the morning to bring him in. My daughter brought him in the first thing in the morning to Prescott Valley Animal hospital. He sat there for 10 hours or more waiting to have stitches. The laceration was only about ½ an inch, but she was charged for a 1 to 3 inch laceration. My daughter was told that he would be kept overnight. I was called in St. Louis at 10:30 that night stating that Ruffus was ready to go. He was sent home with a cone, eye drops and antibiotics. This all happened on September 3rd. Today September 7th with the cone on he had managed to get all the stitches out. My daughter called them back only to find out they will charge for the same procedure again. My daughter took him to Chino Valley Animal Hospital and she was told the cone they sent him home with was too small and he should have been sent with anxiety medication. I called Prescott Animal hospital as well since I paid the bill to try to work something out, but was not able to. I was told this was an old wound which it was not. It was less than 24 hours and he was taken in and they let him sit there for over 10 hours prior to doing his surgery. I feel they operate unethically and are all about the money and not the well being of the pet. I did not have a problem paying them \$800 plus to do a good jobs, but after my daughter visiting the other vet and hearing their opinion on the matter I feel they need to be reported.

Thank you,

Karen Goetting

A handwritten signature in black ink that reads "Karen Goetting". The signature is written in a cursive style with a large, looping "G" and a long, sweeping underline.

Sarah Kassing, DVM
[REDACTED]
[REDACTED]
[REDACTED]@gmail.com
[REDACTED]

Prescott Area Pet Emergency Hospital
2245 Hwy 69
Prescott, AZ 86301
928-778-1990

October 3, 2018

Arizona State Veterinary Medical Examining Board
1740 W. Adams St
Ste 4600
Phoenix, AZ 85007

To the Arizona State Veterinary Medical Examining Board:

This is in regard to the case investigation 19-27 In Re: Sarah Kassing, DVM (myself). The narrative is my account of the case regarding the patient Ruffus owned by Karen Goetting and Jessica Jade Butler.

Ruffus is a 9 year old male neutered German Shepherd mix who presented to the Prescott Area Pet Emergency Hospital (PAPEH) with owner Ms. Butler at 9:23 AM on September 3, 2018 for a laceration to the lower palpebra of his right eye due to a dog-bite. I arrived on shift at 7:00 PM and he was transferred to me for continued care from Dr. Katrina Tavasci. I received case rounds from her and was informed that the laceration happened on September 2, 2018. I was informed that the owners had cleaned the wound at home, but no further treatments were performed prior to admit. Ms. Butler was given the option of referral to a boarded veterinary ophthalmologist or surgeon, but referral was declined. An estimate for the procedure to be performed under sedation with PAPEH staff was prepared and Dr. Tavasci advised her of possible risks and complications. Ms. Butler was informed that the procedure may not be performed until later evening of September 3rd due to the current clinic case load and that the option of overnight hospitalized monitoring after the laceration repair was offered without additional charge as a courtesy. An in-house serum Chem 10 panel was performed once the estimate was approved and no significant findings were noted. I was informed that the procedure was approved by the clients and that I could proceed with the discussed plan of the laceration repair under sedation followed by medical management when able given current caseload.

Ruffus was kenneled in a treatment area floor kennel with an e-collar when I arrived on shift. I performed my physical exam on Ruffus after completing case rounds. An approximately 1 cm vertical laceration of the lower right palpebra was present with moderate granulation tissue. The wound was slightly exudative, consistent with a granulating wound. Episcleral injection was

noted but there otherwise were not any visible deficits to the cornea or globe. No abnormalities were noted to the left eye and the remaining of the exam was unremarkable.

Ruffus was sedated with 0.2 mg (0.005 mg/kg) Dexdomitor (0.5 mg/ml) IV and 4 mg (0.1 mg/kg) Butorphanol (10 mg/ml) IV at 7:44 PM September 3, 2018. Marked and adequate sedation was achieved allowing for repair of the laceration. Heart rate, respiratory rate, blood pressure, temperature, and MM color were monitored during sedation and no complications were noted. I performed an ophthalmologic fluorescein test and no areas of update were noted with either eye. The laceration wound was cleaned and flushed initially with sterile saline by Veronika Ross, CVT. She applied an ophthalmic cup to the right eye. The lower right palpebra was clipped and the laceration was flushed with dilute betadine solution by Veronika. I localized the edges of the laceration with 2% lidocaine. I prepped for aseptic technique and proceeded with the laceration repair. The wound was draped routinely and sterilized autoclaved ophthalmologic instruments were used for the repair. The granulation tissue was gently debrided with a #10 blade revealing healthy tissue. Good tissue apposition achieved and skin was apposed with 4-0 Monocryl with simple interrupted sutures. The ophthalmic cup was removed. The surgical repair began at 8:05 PM and was complete at 8:15 PM. 2 mg (0.05 mg/kg) Antisedan (5 mg/ml) was administered IM at 8:19 PM by Veronika. Recovery was normal.

I called the listed cell phone number (██████████) around 8:30 PM Arizona Time and spoke with Ms. Goetting. I informed her that Ruffus's laceration repair is complete and he is currently doing well. I offered the option of discharging him that evening given that he is alert and stable, but also offered to continue to monitor him until the following morning as previously discussed. She informed me that she is Ms. Butler's mother and is currently in Missouri. She stated she would call her daughter to give her the update. I apologized for calling her first and indicated that I would call the other number listed to speak with Ms. Butler directly.

I proceeded to call the other number listed (██████████) and spoke with Ms. Butler. As with my conversation with Ms. Goetting, I informed her that Ruffus's laceration repair was complete and offered the option for him to be discharged that evening, but also offered the option to continue to monitor him overnight with no additional charge as previously discussed with plan for him to be discharged the following morning if preferred. Ms. Butler elected to take him home that evening.

Ruffus was prescribed Carprofen 75 mg dispensed from PAPEH. Ms. Butler was given the option of obtaining Clavamox 250 mg from PAPEH (28 tablets with the Rx label of 2 tablets by mouth every 12 hours) but elected a written prescription for Augmentin 500 mg to be filled at an outside pharmacy. Although the fluorescein stain was negative, a prescription for Tobramycin Ophthalmic Solution 0.3% was also written to be filled at an outside pharmacy (product was out of stock with current PAPEH inventory) as a precaution. Ruffus was also fitted and discharged with a 30 cm hard plastic e-collar, the largest size carried by PAPEH.

Ms. Butler arrived around 9:00 PM September 3, 2018 for discharge. I prepared written discharge instructions, which are provided in the medical record. Veronika discussed discharge instructions with Ms. Butler. The following passages are obtained from the written discharge instructions provided to Ms. Butler:

“Monitoring and Care

Monitor Ruffus's wounds for any increased redness, swelling bleeding or discharge. Seek additional veterinary care as soon as possible if these symptoms are noted.

Do not apply any topical product or medication to the wound unless otherwise directed.

An e-collar is recommended and should be worn at all times until the wounds have healed to prevent him from pawing at or otherwise traumatizing the wounds. He should be kept separate from other pets in the home to prevent them from licking at or otherwise traumatizing the wound.

Absorbable sutures have been placed and should dissolve on their own. Suture removal is not anticipated to be necessary at this time.

Follow-up

A recheck appointment is recommended with Ruffus' primary veterinarian in 2-3 days.”

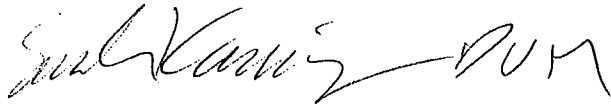
I have not since had any contact with Ms. Butler or Ms. Goetting or any other veterinarian overseeing Ruffus's care. I have no information to suggest that Ms. Butler or Ms. Goetting obtained follow-up care with their primary veterinarian in 2-3 days or other veterinary care as soon as possible if complications are noted as directed. I understand that conversations between Ms. Butler and Ms. Goetting and PAPEH staff occurred between September 5, 2018 and September 7, 2018. These conversations are provided in the medical record. A follow-up call with our Client Service Representative Tamara Pritchett is documented at 3:45 PM September 5, 2018 and states verbatim “O said that his eye is doing much better. Hes taking meds, eating and drinking. Asked about suture removal and told her that if she brought Ruffus in we would take care of her.” I was on shift at 7:00 PM that day and information regarding that call-back was not relayed to me. I was off-shift from September 6, 2018 – September 9, 2018.

I was alerted to the case updates and the clients' conversations with PAPEH staff when I returned to shift on September 10, 2018 at 7:00 PM. Upon reviewing the medical record and documented phone conversations, I understand that the clients called PAPEH September 6, 2018 reporting to Kasey Knight, CVT that he was able to remove one of his sutures and that he has been rubbing his head with the e-collar on. Documented recommendations were to seek additional veterinary care as soon as possible and to return to PAPEH if they do not have a primary veterinarian. A prescription for Trazodone written by Dr. Joy Furman was called into a Walmart Pharmacy. The clients did not return to PAPEH and called again on September 7, 2018. They again spoke with Kasey reporting that the wound has dehisced. They were informed that additional charges for treatment with PAPEH would apply. It is documented that they declined the recommendation to seek additional care with PAPEH and reportedly followed-up with the Chino Valley Animal Hospital for continued care. There is no record of Ms. Butler or Ms. Goetting contacting PAPEH between Ruffus's discharge on September 3, 2018 and September 6, 2018 reporting that he was able to rub his face with the e-collar or that he seemed anxious. This was also not reported in the courtesy follow-up call on September 5, 2018.

It is documented that our office manager Jenn Hohle contacted and spoke with Ms. Goetting on September 7, 2018 to address the client's concerns but that she was unable to have a meaningful conversation with her and that Ms. Goetting discontinued the call. Dr. Tavasci has since attempted to contact the primary veterinarian who continued Ruffus's care with the Chino Valley Animal Hospital, but the reported veterinarian has not returned her contact.

I have not since received any case updates and have not since had any further conversation or contact with Ms. Goetting, Ms. Butler or any other veterinary personnel at another facility involved with Ruffus's continued care.

Please do not hesitate to contact me if any further case specifics or clarification is needed.

A handwritten signature in black ink, appearing to read "Sarah Kassing" followed by a stylized flourish or "DVM".

Sarah Kassing, DVM



ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039

VETBOARD.AZ.GOV

INVESTIGATIVE COMMITTEE REPORT

TO: Arizona Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, D.V.M. - Chair
Ryan Ainsworth, D.V.M.
Christina Tran, D.V.M.
Mary Williams
Carolyn Ratajack

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Sunita Krishna - Assistant Attorney General

RE: Case: 19-27

Complainant(s): Karen Goetting/Jessica Jade Butler

Respondent(s): Sarah Kassing, D.V.M. (License: 6225)

SUMMARY:

Complaint Received at Board Office: 9/18/18

Committee Discussion: 12/4/18

Board IIR: 1/16/19

APPLICABLE STATUTES AND RULES:

Laws as Amended April 2018

(Lime Green); Rules as Revised September 2013 (Yellow).

On September 3, 2018, "Ruffus," a 9-year-old male German Shepherd mix was presented to Prescott Area Pet Emergency Hospital on emergency for a laceration on the right eyelid. Due to critical patients needing care, the laceration repair occurred several hours later by Dr. Kassing. The dog was discharged later that evening with the recommendation to have the incision rechecked in 2 – 3 days.

On September 7, 2018, the dog was presented to Chino Valley Animal Hospital due to the dog rubbing the sutures out of the lower right eye laceration. The incision was repaired and the dog was discharged later that day.

Complainant was noticed and did not appear.

Respondent was noticed and was available telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Karen Goetting/Jessica Jade Butler*
- Respondent(s) narrative/medical record: *Sarah Kassing, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Katrina Tavasci, DVM – Responsible veterinarian for Prescott Area Pet Emergency Hospital; Chino Valley Animal Hospital*

PROPOSED 'FINDINGS of FACT':

1. On September 2, 2018, Complainant reported that the dog was bit by another dog in the household while she was at work. When she arrived home, she contacted Prescott Area Pet Emergency Hospital and was advised by the reception staff that it would be fine if Complainant brought the dog in the following day.

2. On September 3, 2018, at 9:23am, the dog was presented to Prescott Area Pet Emergency Hospital due to a laceration near the right eye. Complainant reported that the dog was bit by another dog in the household the day before while she was at work. Complainant's roommate was the daughter of a veterinarian and has worked in the veterinary field therefore she cleaned the wound and applied ointment. The dog was rubbing his eye with his paw since and overnight. Upon exam, the dog had a weight = 40.3 kg, a temperature = 102 degrees, a heart rate = 140bpm and a respiration rate = panting; the dog was deemed stable by technical staff. Complainant was made aware that there were critical patients that needed treatment that took precedence. Complainant understood.

3. Premise staff kept Complainant updated on caseload at the premise and what staff and the doctor were doing ensuring to let her know that they will be with her as soon as they could.

4. At 1:20pm (medical record reads 12:37pm), Dr. Tavasci entered the room and introduced herself to Complainant. She apologized for the wait stating they had critical patients that needed to be stabilized. Dr. Tavasci thanked her for her patience and noted that the dog was stable. She examined the dog, focusing on the eyelid laceration since it was a visibly irritated bite wound. There was an approximately 1 cm laceration to the lower eyelid of the right eye, lateral canthus, full thickness. Granulation tissue was present as well as purulent exudate. Scleral injection and concern for corneal abrasion to the right eye was noted as well. The other eye appeared within normal limits and no other wounds were noted.

5. Dr. Tavasci went into details with Complainant on dog bite wounds and how there can be multiple factors with respect to infection, delayed tissue necrosis – average 3 – 5 days, etc. There was a flap of tissue that may or may not be viable within the 3 – 5 day window. She further stated that secondary corrective surgeries can come into play at times with dog bite wounds. Dr. Tavasci offered board-certified specialist referral for best esthetic outcome; Complainant cited financial constraints. Dr. Tavasci stated that she like to prepare pet owners for the worst when dealing with dog bite wounds, but to hope for the best.

6. Dr. Tavasci advised Complainant that due to the holiday weekend and caseload, the age of the wound, and the dog's stability, the surgery would likely happen that evening during doctor shift change, when the caseload allowed. She offered to keep the dog overnight at no charge in the event the repair took place later in the evening. Dr. Tavasci relayed that the dog would go home with an Elizabethan collar, antibiotics, and pain medication at the very least – possibly eye drops if a corneal abrasion or ulcer was identified.

7. Dr. Tavasci stated that Complainant spoke with her mother, Karen; they declined referral to a specialist and elected to have the laceration repair with Prescott Area Pet Emergency Hospital. An estimate was provided which included a conservative approach based on Complainant's

financial constraints. Technical staff went over the estimate with Complainant – she and her mother approved. Complainant's mother, Karen, paid for the services over the phone, Complainant signed documents and left the premise.

8. According to Dr. Tavasci, Complainant was kept up-to-date and provided courtesy updates on the dog.

9. At 7:00pm, Dr. Kassing arrived on shift and the dog was transferred to her care. She was informed that the laceration occurred the day before and Complainant was already provided with an estimate and made aware of possible risks and complications. Complainant was also made aware that the surgery may not be performed until later that evening and there was an option of overnight hospitalized monitoring after the laceration repair without additional charge to Complainant. Blood work was performed; no significant findings were noted and Dr. Kassing could proceed with the laceration repair under sedation when caseload allowed.

10. At 7:44pm (records state 8:45pm), Dr. Kassing stated the dog was sedated with Dexdomitor and butorphanol IV. An ophthalmic fluorescein test was performed and no areas of uptake were noted in either eye. The laceration was cleaned and flushed; the lower right palpebral was clipped and the laceration was flushed with dilute betadine solution by technical staff. Dr. Kassing localized the edges of the laceration with 2% lidocaine, prepped for aseptic technique and preceded with the laceration repair. The granulation tissue was gently debrided, good tissue apposition achieved and skin was apposed with 4-0 moncryl. The dog's sedation was reversed with Antisedan.

11. Dr. Kassing called Complainant and gave her the option of picking up the dog or leaving overnight for hospitalization as previously offered. Complainant elected to pick the dog up that evening. Later that evening the dog was discharged with Carprofen 75mg, a written prescription for Augmentin 500mg and Tobramycin ophthalmic solution as a precaution and the largest Elizabethan collar they had – 30cm. Written discharge instructions were also provided to Complainant recommending the dog be rechecked by her regular veterinarian in 2 – 3 days.

12. On September 5, 2018, Premise staff contacted Complainant to check on the dog. Complainant reported that the eye was much better and the dog was taking his medications. She asked about suture removal and was advised that if she brought the dog into the premise they would take care of it.

13. On September 6, 2018, Complainant called to report the dog was rubbing his face on her pants and was able to get a suture out. She requested a sedative be prescribed. A prescription of Trazadone was called into a local pharmacy and it was recommended the dog be rechecked by her regular veterinarian, and if she cannot get in, the dog could return to the emergency facility.

14. On September 7, 2018, Complainant spoke with Dr. Rajkovic at Prescott Area Pet Emergency upset that the dog's wound dehiscd and needed another surgery; she was currently at Chino Valley Animal Hospital. Dr. Rajkovic explained that delayed necrosis can occur and if he was rubbing his face on her leg that could have caused the issues as well. She apologized and stated they would send the dog's medical records over to Chino Valley Animal Hospital.

15. Later that day, Karen called to express her dissatisfaction with the wound repair as the dog had removed all of the sutures. She felt the Elizabethan collar that was sent home was too small and the dog should have been discharged with a sedative; a refund was requested.

16. The dog was presented that day to Dr. Fernandez at Chino Valley Animal Hospital for a recheck. The dog was examined and it was noted that the dog was very anxious and had removed the sutures to the right lateral eyelid laceration. Dr. Fernandez resutured the laceration and sent home a larger Elizabethan collar – 35cm.

COMMITTEE DISCUSSION:

The Committee discussed that based on the information provided and testimony given they felt Dr. Kassing handled the matter appropriately.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

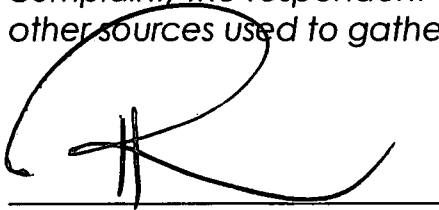
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 5 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

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Tracy A. Riendeau, CVT
Investigative Division